



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/19/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJR000004762
FACILITY NAME ->	PROPANE POWER CORP
MAILING ADDRESS ->	915 DELANCY ST NEWARK, NJ 07105
INSTALLATION ADDRESS ->	915 DELANCY ST NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866


ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: SHERIDAN, PATRICIA
DIR OF OPER
PROPANE POWER CORP
915 DELANCY ST
NEWARK, NJ 07105

FED X
ALL SECTIONS MUST BE COMPLETED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. expires 6-31-93
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		 EPA United States Environmental Protection Agency		Notification of Regulated Waste Activity		Date Received (For Official Use Only)	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number NJR000004762			
II. Name of Installation (Include company and specific site name) PROPANE POWER CORP							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION 915 DELANCY ST							
Street (continued)							
City or Town NEWARK				State NJ	ZIP Code 07105-		
County Code ESSEX		County Name					
IV. Installation Mailing Address (See instructions)							
Street or P.O. Box SAME							
City or Town				State	ZIP Code		
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (last) SHERIDAN				(first) PATRICIA			
Job Title DIR OF OPERATION				Phone Number (area code and number) 201-589-3030			
VI. Installation Contact Address (See instructions)							
A. Contact Address Location <input checked="" type="checkbox"/>		B. Street or P.O. Box					
City or Town				State	ZIP Code		
VII. Ownership (See instructions)							
A. Name of Installation's Legal Owner (LANDLORD) (PROPERTY OWNER) PROPANE POWER CORP							
Street, P.O. Box, or Route Number 915 DELANCY ST							
City or Town NEWARK				State NJ	ZIP Code 07105-		
Phone Number (area code and number) 201-589-3030				B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
						(Date Changed) Month Day Year	

FROM: JACK HOYT, EPA REGION 2, 290 BROADWAY
 NYC NY 10007-1866 23RD FLOOR

phone to Mike. telstar 80

Call ↑

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Refractor
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D035

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL OF
GENERATOR: BLUE INK

Patricia Sheridan

Name and Official Title (type or print)

PATRICIA SHERIDAN, Dir of Op

Date Signed

6/12/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ok
DRAFT

NJR000004762

**COMPLIANCE EVALUATION INSPECTION (CEI)
PROPANE POWER CORPORATION
NEWARK, NEW JERSEY
WORK ASSIGNMENT R02035**

NG

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
1.0 INTRODUCTION	1
2.0 SITE BACKGROUND	1
2.1 Facility Description and Operation	1
2.2 Hazardous Waste Generation	1
3.0 ONSITE OBSERVATIONS	2
3.1 Identification of Hazardous Waste	2
4.0 CONCLUSIONS	2

ATTACHMENTS

New Jersey Generator Inspection Report
New Jersey Hazardous Waste Inspection Report

1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Propane Power Corporation (PPC) facility in Newark, New Jersey. Aaron Frantz of CDM Federal visited PPC on June 17, 1993 to conduct the CEI. The information within this report was obtained from facility personnel and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

2.0 SITE BACKGROUND

2.1 FACILITY DESCRIPTION AND OPERATIONS

The PPC facility, a propane gas terminal, is located at 915 Delancey Street in Newark, New Jersey and employs 29 people. The facility receives tank truckloads of propane and stores the fuel onsite in six above ground tanks. Five of the tanks have a capacity of 50,000 gallons and one has a capacity of 30,000 gallons. Approximately 90% of the propane is loaded into forklift cylinders. The remaining 10% is loaded into bar-b-que and construction site heating units tanks.

The facility operates a loading rack that is roofed to dispense propane into customers' cylinders. Also, two bulk trucks are operated by the facility to deliver propane to customers.

The inspection consisted of meeting the facility representative to obtain a description of the site operations, conducting a facility tour and reviewing facility documents. Facility representative Patricia Sheridan was present during the inspection.

2.2 HAZARDOUS WASTE GENERATION

On arrival at the facility, Ms. Sheridan stated that PPC is not a hazardous waste generator. Additionally, based on the observations made during the inspection, Ms. Sheridan's statement was verified and it appears that the PPC facility is not a hazardous waste generator.

The facility operates a maintenance garage onsite to repair and maintain the facility's trucks and forklifts. Used motor oil (X721) from the vehicles (which is regulated by the State of New Jersey) is collected in a 250 gallon above ground tank. The oil is collected by an outside contractor and transported offsite for disposal. The facility has retained the receipts of the oil that was collected for disposal.

3.0 ON-SITE OBSERVATIONS

3.1 IDENTIFICATION OF HAZARDOUS WASTES

No hazardous waste was identified at the facility.

4.0 CONCLUSIONS

It appears the PPC facility is not a hazardous waste generator. No hazardous wastes or areas of concern were identified during the inspection. Also, no areas of contamination or possible contamination were identified that would be a threat to human health or the environment.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: PROPANE POWER CORPORATION
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: _____
INSPECTION DATE: 6/17/93
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: COMPLIANCE EVALUATION INSPECTION
RESPONSIBLE AGENCY CODE: _____
INSPECTOR'S NAME: Aaron Frantz
INSPECTOR'S AGENCY: CDM FEDERAL PROGRAMS CORPORATION
INSPECTOR'S BUREAU: EPA Contractor
EPA ID NUMBER: none
ADDRESS: 915 Delancey Street
Newark, NJ 07105
LOT: not obtained BLOCK: not obtained
COUNTY: Essex
FACILITY PERSONNEL: PATRICIA SHERIDAN
Director of Operations
TELEPHONE #: 201-843-8300
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: _____
REVIEWED BY: _____
DATE OF REVIEW: _____

TIME IN: 1032

TIME OUT: 1145

PHOTOS TAKEN () YES (☒) NO

IF YES, HOW MANY? _____

SAMPLE TAKEN () YES (☒) NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED () YES (☒) NO

Number of manifests in compliance _____

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

SITE BACKGROUND INFORMATION

=====

EMPLOYEES: 29 DATE OPERATIONS BEGUN: 1/92 8 hr SHIFTS/WEEK: 1# ACRES: 2.75 # BUILDINGS/SQft: 2 ^{1800 sq ft} 1800 SIC CODE: 4920PRODUCTS PRODUCED: Store in bulk tanks, and sell propaneVOLUME PRODUCED (or \$ value): not obtainedPREVIOUS OPERATIONS AT SITE: prior to 1983, tank farm owned by Texaco. Placed buried
down in 1983. Texaco rents to Propane PowerWATER SUPPLY: Public, City of NewarkMONITORING WELLS (explain): noneSANITARY DISPOSAL: Close Sanitation (office garbage); Sewer to Passaic ValleyFLOOR DRAINS: No floor drains in work areaAIR PERMITS: noneNJPDDES PERMITS: nonePERMITS - OTHER: City of Newark - Hazardous Materials - H2MP163 - 3/90 → 3/95
N.J. Dept of Labor and Industry - (for operating propane facility) 92-25

PREVIOUS ENFORCEMENT HISTORY (min 2 yrs):

TANKS ON SITE (non hazardous waste):

5 - 60,000 gal (propane);1 - 30,000 gal (propane); used motor oil @ 250 gallons (AST)

COMMENTS:

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

Propane flow operates a propane gas terminal at this facility. The propane is stored onsite in five 60,000 lb ^{at 100 psi} ~~gal~~ ^{gal} and one 30,000 lb ^{at 100 psi} ~~gal~~ ^{gal} above ground tanks. Approximately 90% of the propane is loaded into forklift cylinders. The remaining 10% product is loaded into tanks such as Bar-B-Q tanks, and construction-site heating units.

The facility operates a loading rack that is used to dispense the propane into ~~at the customers~~ cylinders. Also, two bulk trucks are operated by the facility. The trucks are operated to deliver propane to customers.

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

Describe the activities that result in the generation of hazardous waste.

No hazardous waste generated by Propane Power.

Used motor oil is shipped offsite for disposal
as X721. Motor oil from maintenance of bulk trucks.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

none.

GENERATOR CHECKLIST

=====

GENERAL 7:26

7.4(a)1

Does the Generator have an EPA ID number?

Facility is a non-generator.
Generates X725 = 1001 gal/mth. ✓

Does the generator generate/store >100 kg of hazardous waste (1kg acutely) or only >1001 gal of waste oil in any given month? (except x725 - 100 kg rule applies)

If no, does the generator wish to delist?
If the generator wishes to delist, do a delisting inspection.

12.1(a)

Is the site ACTING as a TSD by: (no Part A or B)

Treatment of a hazardous waste?

Storage of hazardous waste in underground tanks?

Hazardous wastes placed in piles or surface impoundments?

Disposal of hazardous waste on site (ie landfill, injection well)?

Accumulation of hazardous waste for more than 90 days?

COMMENT:

9.3(a)1

Is site acting as a generator but accumulating waste (containers or approved tanks) over 90 days?

COMMENT:

YES NO N/A

' SOLID WASTE DETERMINATION

1.6 (b) Does the Generator produce any materials which meet the definition of a "solid waste". These would include any solid, liquid, semi-solid or contained gaseous material which has served or can no longer serve its original intended use. These materials include spent material, sludges (i.e. wastewater treatment sludge or material from air pollution control equipment), by-products, discarded commercial chemical products, scrap metals and residues?

Is material:

1. Discarded or intended to be discarded
2. Accumulated, stored or physically, chemically or biologically treated prior to, or in lieu of, being discarded
3. Burned for energy recovery
4. Applied to the land or placed on land or contained in a product that is applied or placed on the land in a manner constituting disposal
5. Recycled?

1.6(d) Does the generator process any material under toll agreement pursuant to NJAC 7:26-1.4 (such material is classified as a "solid waste").

HAZARDOUS WASTE DETERMINATION

8.5(a) Did the generator determine if its "solid waste" is hazardous?

8.5(b) Is the waste listed (or a mixture)?
If no then:

8.5(b)(1) Did the generator determine the hazardous characteristics based upon testing of the waste in accordance with 8.9-8.12?

Based on characteristics, is the waste hazardous?

8.5(b)(2) Did the generator determine the hazardous characteristics based upon knowledge of materials or process?

Based on knowledge, is the waste hazardous?

GENERATOR/TSD MANIFEST INSPECTION CHECKLIST

MANIFESTS:

Outgoing:

N.J.A.C. 7:26-

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
7.4(a)4, 5 - Does each outgoing manifest have the following information?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4i - Generator's name, address (site and mailing), and telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4ii - Generator's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4iii - Transporter's name, telephone number, and NJDEP registration and decal numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4iv - Transporter's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4v - Designated facility name, address, and telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vi - TSF's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vii - Proper USDOT description (proper shipping name, hazard class, ID number, quantity, waste code)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vii - Complete NOS description in Section J, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(h) - Exception report requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)5i - Generator's signature for manifest certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4viii - Generator's name and date for manifest certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)5ii - Transporter's signature and date acknowledging receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4viii - Printed name of transporter acknowledging receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total number of outgoing manifests reviewed:	<u>0</u>		

Incoming - United States
N.J.A.C. 7:26-7.6(a)2

Does each incoming manifest (from United States) have the following information?

Generator's name, address (site and mailing), telephone number, EPA ID number, signature and date?

[] [] [/]

Transporter's name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [/]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [/]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [/]

Complete NOS description in Section J, where applicable?

[] [] [/]

Manifest Document Number?

[] [] [/]

N.J.A.C. 7:26-7.6(b)

Yes No N/A

Did facility sign and date each manifest?

[] [] [/]

Total number of incoming (from United States) manifests reviewed:

NA

Incoming - Canada
N.J.A.C. 7:26-7.4(b)

Does each incoming manifest (from Canada) have the following information?

Transporter name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [/]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [/]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [/]

Complete NOS description in Section J, where applicable?

[] [] [/]

Manifest Document Number?

[] [] [/]

N.J.A.C. 7:26-

7.6(b) - Did facility sign and date each manifest?

[] [] [/]

7.6(c)1 - Generator's name, address, U.S. importer's name, address and EPA ID number?

[] [] [/]

7.6(c)2 - U.S. importer's agent signature and date?

[] [] [/]

Total number of incoming (from Canada) manifests reviewed:

NA

WASTE OIL

*Does the generator ONLY generate X722 waste oil
in any amount? or.* (X721)

_____ ✓ _____

Does the generator ONLY generate or store (in
above ground tanks or drums) less than 1001
gal of only waste oil (except X725 for which 100 kg
rule applies) per month?

_____ ✓ _____

7.7(d) If yes, are receipts (or manifests)
obtained from registered hauler and
retained for 3 yrs?
(check quantities on receipts)

_____ ✓ _____

Note: No other HW regs apply *. unless the
storage of the X722 waste exceeds 1,000 gal:
or unless the waste oil is also a
federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of
hazardous waste (or 1 kg if acutely hazardous)
and any listed waste oil or generate/store
>1000 gal of waste oil in any given month?

_____ ✓ _____

If yes, the generator must be in
compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements
[9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(e)]

*Documentary Requirements
[9.4(g), 9.6, 9.7]*

Satellite Regs [9.3(d)]

WASTE OIL TANKS:

Is there above ground > 1001 gal total capacity
(which includes drums) but <90 day storage?
[Use TANKS (above ground, less than 90 day storage)
section in checklist 9.3(b)]

_____ ✓ _____

If yes, does the generator have a letter of
approval from HWENG?

_____ ✓ _____

And is the generator in compliance with other
requirements for less than 90 day storage of
HW in above ground tanks [9.3(b)]?

_____ ✓ _____

Is there above ground > 1001 gal total capacity,
and >90 day storage? _____ ✓ _____

If yes, is the generator:

12.1(a) Acting as TSDF? _____ ✓

9.3(a)1 Acting as a Generator? _____ ✓

Does the generator store waste oil in underground tanks? _____ ✓

If yes, refer to TANKS (underground) section
in checklist [9.2(b)].

Note: The only exceptions to the
underground tank prohibition are:

- A) *New commercial service station waste oil
tanks of <1001 gal capacity*
- B) Underground tanks in existence and in use
for HW storage prior to 1/17/83.

EP7/slw

DOCUMENT: SHOTWELL
FOLDER: SLWMCB

YES NO N/A

8.5(c)

If the waste is not listed or hazardous based on characteristics, has the Department requested the generator to submit a plan analyzing for the presence of hazardous waste constituents (8.16)?

If yes:

Has the generator submitted the plan in a timely manner?

Has the generator conducted the approved plan and submitted the results?

Based on constituents, is the waste hazardous?

8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept three years (in operating log) from the date that the waste was last sent to an on-site or off-site TSD?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G-8

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☐ Containers
- ☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- ☐ Tanks (less than 90 days)
- ☐ Above ground
- ☐ Below ground
- ☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- ☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

YES NO N/A

7:26-9.4(b)	Waste Analysis			
7:26-9.4(b)11	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).	—	—	✓
7:26-9.4(b)1111	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:	—	—	
	Waste characteristics vary: _____			
	All waste(s) are basically the same: _____			
	Company treats all waste(s) as hazardous: _____			
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?	—	—	
	Does it contain:			
7:26-9.4(2)1	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?	—	—	
7:26-9.4(b)211	The test methods which will be used to test for these parameters?	—	—	
7:26-9.4(b)2111	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?	—	—	
7:26-9.4(b)21v	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?	—	—	
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?	—	—	
7:26-9.4(b)2v11	Procedures which will be used to identify changes in waste stream characteristics?	—	—	
	Does hazardous waste come to this facility from an outside source? (e.g., another generator).	—	—	✓
	If yes, list the name(s) of generators.			

YES NO N/A

7:26-9.4(b)4

If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?

— — — ✓

Does the plan describe:

7:26-9.4(b)41

The procedures which will be used to determine the identity of each shipment of waste managed at the facility?

— — —

7:26-9.4(b)411

The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?

— — —

7:26-9.4(c)1

Did the facility accept hazardous waste which it is not authorized to handle?

— — —

7:26-9.4(1)

Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log?

— — —

7:7:26-9.4(h)

Security

Does the facility have:

7:26-9.4(h)11

A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?

AFU/12/13
X — —

7:26-9.4(h)111

An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?

AFU/12/13
X — —

7:26-9.4(h)3

Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?

AFU/12/13
X — —

If no, explain what measures are taken for security.

↓

YES NO N/A

7:26-9.4(f)	<u>General Inspection Requirements</u>			
7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)1i	Discharge of hazardous waste constituents to the environment?	—	—	✓
7:26-9.4(f)1ii	A threat to human health?	—	—	
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?	—	—	
7:26-9.4(f)3i	Did the owner or operator submit the written inspection schedule to the department?	—	—	
	If yes, when was it submitted?	—	—	
7:26-9.4(f)3ii	Is the written inspection schedule kept at the facility?	—	—	
7:26-9.4(f)3iv	Does the schedule identify the types of problems to be looked for during the inspection?	—	—	
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?	—	—	
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have not been remedied?	—	—	
7:26-9.4(f)6	Does the owner/operator record inspections in a log?	—	—	↓

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	—	—	✓
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	—	—	—
7:26-9.4(g)	<u>Personnel Training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	AF 6/17/63 X	—	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	AF 6/17/63 X	—	—
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training?	AF 6/17/63 X	—	—
	Is there written documentation of the following:	—	—	—
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	AF 6/17/63 X	—	—
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	AF 6/17/63 X	—	—
7:26-9.4(g)6111	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	AF 6/17/63 X	—	—
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	—	—	✓

YES NO N/A

- 7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?
- 7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?
- 7:26-9.6 Preparedness and Prevention
- Does the facility comply with preparedness and prevention requirements including maintaining:
- 7:26-9.6(b)1 An internal communications or alarm system?
- 7:26-9.6(b)2 A telephone or other device to summon emergency assistance from local authorities?
- 7:26-9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment?
- 7:26-9.6(b)4 Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?
- 7:26-9.6(c) Is equipment tested and maintained?
- 7:26-9.6(d)1 Is there immediate access to communications or alarm systems during handling of hazardous waste?
- 7:26-9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?
- If no, please explain.

AF 6/2/43

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	—	—	✓
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site?	—	—	
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	—	—	
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	—	—	
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	—	—	
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?	—	—	
7:26-9.7	<u>Contingency Plan and Emergency Procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	—	—	↓

YES NO N/A

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

— — — ✓

7:26-9.7(c)

Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

— — —

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.?

— — —

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

— — —

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?

— — —

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?

— — — ↓

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

7:26-9.7(1)

Is a copy of the contingency plan
and all revisions to the plan:

1. Maintained at the facility; and
2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

If yes, does the plan include:

YES NO N/A

7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	—	—	✓
7:26-9.8(e)111	The maximum extent of the operation which will be open during the life of the facility?	—	—	—
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	—	—	—
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	—	—	—
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	—	—	—
	<u>Post Closure Plan</u>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	—	—	—
	If yes, does the plan:			
7:26-9.9(i)	Identify the activities which will be carried on after closure and the frequency of these activities?	—	—	—
7:26-9.9(i)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	—	—	—
7:26-9.9(i)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	—	—	—
7:26-9.9(i)21	The integrity of the cap and final cover or other containment structures where applicable?	—	—	—
7:26-9.9(i)211	Describe the function of the facility monitoring equipment?	—	—	✓

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

____ _ ☒

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

____ _ ☒

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

Storage	Treatment	Disposal
Container	Tank	Landfill
Tank, Above Ground	Surface Impoundments	
Tank, Below Ground	Incineration	Surface Impoundments
Surface Impoundments	Thermal Treatment	Other _____
Waste Piles		
Other _____	Chemical, Physical and Biological Treatment	
Other _____		

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

____ _ ☒

If no, explain.

YES NO N/A

7:26-9.4(d)111	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	—	—	—
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	—	—	—
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	—	—	—
7:26-9.4(d)41	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	—	—	—
	If no, explain.			
7:26-9.4(d)4111	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	—	—	—
	If no, explain.			
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	—	—	—
7:26-9.4(d)4v	Are containerized hazardous wastes arranged so that their identification label is visible?	—	—	—
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	—	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	—	—	—

		YES	NO	N/A
7:26-9.4(d)71	Are incompatible wastes, or incompatible wastes and materials placed in the same container?			✓
	If yes, explain.			
7:26-9.4(d)711	Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?			
	If yes, explain.			
7:26-9.4(d)7111	Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?			
7:26-9.4(e)11	Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?			
	If no, explain.			
7:26-9.4(e)111	Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?			
	If no, explain.			
7:26-9.4(e)1111	Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?			
	If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?			
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health.			✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	✓
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?	—	—	—
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?	—	—	—
	If yes, please explain.			
	Are there leaking tanks?	—	—	—
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	—	—	—
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?	—	—	—
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	—
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).	—	—	✓

YES NO N/A

- | | YES | NO | N/A |
|---|-----|----|-----|
| 2. Monitoring equipment (each operating day). | | | ✓ |
| 3. Level of waste in tank (each operating day). | | | |
| 4. Construction of materials of the tank (weekly). | | | |
| 5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)? | | | |
| 7:26-11.2(e) Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? | | | |
| If no, please explain. | | | |
| 7:26-11.2(f) Does it appear that incompatible wastes are being stored separate from each other? | | | |
| 7:26-9.2(b) Are there underground tanks used to store hazardous waste? | | | |
| If yes, how many and can they be entered for inspection? | | | |
| Has the underground tank been in use on or before November 19, 1980? Specify Date. | | | |
| If no, when was the tank placed in use? | | | |
| 7:26-9.2(b)31 Does the facility have a ground water monitoring plan approved by the department? | | | |
| 7:26-9.2(b)311 Is the use of the tank specified to the manufacturers recommended lifetime? | | | |
| 7:26-11.3 <u>Surface Impoundments</u> | | | ✓ |
| Describe the design and operating features of the surface impoundment to prevent ground water contamination (e.g., liner leachate collection system). | | | |
| Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated. | | | |

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.3(a)	Is there at least two feet of freeboard in the impoundment?	—	—	✓
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?	—	—	—
	If yes, please specify the type of covering.			
7:26-9.4(c)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?	—	—	—
7:26-9.4(1)	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?	—	—	—
7:26-11.3(d)	Does the owner or operator inspect:	—	—	—
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?	—	—	—
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?	—	—	—
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?	—	—	—
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?	—	—	—
7:26-11.3(f)1i	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?	—	—	↓

YES NO N/A

7:26-11.3(f)111	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	—
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	—
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.4	<u>Landfills</u>			
	Identify the types of waste and size of the landfill.			
	<u>General Operating Requirements</u>			
7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?			<input checked="" type="checkbox"/>
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?			<input type="checkbox"/>
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?			<input type="checkbox"/>
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?			<input type="checkbox"/>
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?			<input type="checkbox"/>
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?			<input type="checkbox"/>
	If yes:			
7:26-11.4(a)81	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?			<input type="checkbox"/>
7:26-11.4(a)811	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?			<input type="checkbox"/>
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?			<input type="checkbox"/>
	If yes:			
7:26-11.4(a)91	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?			<input checked="" type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)911	Is the container very small, such as an ampule?	—	—	✓
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?	—	—	—
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?	—	—	—
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in NJAC 7:26-9.4(1)?	—	—	—
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?	—	—	—
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?	—	—	—
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?	—	—	—
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?	—	—	—
	Are small containers of hazardous waste in overpacked drums placed in the landfill?	—	—	—
	If yes, please describe precautions taken to prevent the release of the waste.			

7:26-11.5

Incinerator

What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).

YES NO N/A

Is the residue from the incinerator a hazardous waste?

— — ✓

What types of air pollution control devices (if any) are installed in the incinerator unit?

Is energy recovered from the process?

— — —

If yes, describe.

What is the destruction and removal efficiency for the organic hazardous waste constituents?

7:26-11.5(b)1

Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:

7:26-11.5(b)11

Heating value of the waste?

— — —

7:26-11.5(b)111

Halogen and sulfur content?

— — —

7:26-11.5(b)1111

Concentrations of lead and mercury?

— — —

7:26-11.5(2)

If no to any of the above questions, is there justification and documentation?

— — —

If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?

— — —

Monitoring and Inspection

7:26-11.5(c)1

Are existing instruments relating to combustion and emission controls monitored every 15 minutes?

— — —

If no, explain.

7:26-11.5(c)1

Does the incinerator have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).

— — —

If no, explain.

7:26-11.5(c)2

Is the stack plume observed visually at least hourly for opacity and color?

— — ✓

		YES	NO	N/A
7:26-11.5(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc.?	—	—	✓
	If yes, describe.			
7:26-11.5(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?	—	—	—
	Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.	—	—	—
	If yes, explain.			
7:26-11.5(c)3	Is the incinerator inspected daily?	—	—	—
7:26-11.6	<u>Thermal Treatment</u>			
	What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			
	List the types and quantities of hazardous waste thermally treated.			
	Is the residue from the thermal treatment unit a hazardous waste?	—	—	—
	What types of air pollution control devices (if any) are installed in the thermal treatment unit?			
	Is energy recovered from the process?	—	—	—
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.6(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.6(b)11	Heating value of the waste?	—	—	—
7:26-11.6(b)111	Halogen and sulfur content?	—	—	—
7:26-11.6(b)1111	Concentrations of lead and mercury?	—	—	✓

YES NO N/A

7:26-11.6(2)

If no to any of the above questions,
is there justification and documentation?

— — — ✓

If operating, does it appear the
thermal treatment unit is operating
at steady state for conditions of
operation, including temperature
and air flow?

— — —

Monitoring and Inspection

Are existing instruments relating to
combustion and emission controls
monitored every 15 minutes?

— — —

If no, explain.

7:26-11.6(c)1

Does the thermal treatment have all
the following instruments for
measuring: Wastefeed, auxiliary
fuel feed air flow, incinerator
temperature scrubber flow, and
scrubber pH? (Circle Missing
Instruments).

— — —

If no, explain.

7:26-11.6(c)2

Is the stack plume observed visually
at least hourly for opacity and color?

— — —

7:26-11.6(c)3

Are there any signs of leaks, spills
and fugitive emission associated with
the pumps, valves, conveyors, pipes, etc?

— — —

If yes, describe.

7:26-11.6(c)3

Are all emergency shutdown controls
and system alarms checked to assure
proper operation?

— — —

Is there any reason to believe the
thermal treatment unit is being
operated improperly? i.e., steady
state conditions are not maintained.

— — —

If yes, explain.

7:26-11.6(c)3

Is the thermal treatment inspected daily?

— — —

7:26-11.6(e)

Is there open burning of hazardous waste?

— — — ✓

If yes, what is being burned? (Only
burning or detonation of explosives is
permitted).

7:26-11.7

7:26-11.7(a)2

7:26-11.7(a)3

7:26-11.7(c)1

7:26-11.7(c)1

7:26-11.7(c)2

7:26-11.7(c)2

7:26-11.7(c)3

7:26-11.7(c)4

Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation).

		YES	NO	N/A
7:26-11.7(e)1	Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?			<input checked="" type="checkbox"/>
	If yes, explain how.			
7:26-11.7(f)	Are the incompatible wastes placed in the same treatment process?			
	If yes, please explain.			
7:14A-6	<u>Ground Water Monitoring</u> (Applies only to: Surface impoundments, landfills, land disposal facilities).			
7:14A-6.2	Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?			
	If no, please explain.			
	How many monitoring wells has the facility installed?			
	What is the depth to ground water?			
	How many deep monitoring wells are on site? (Indicate depth of monitoring wells).			
	How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).			
7:14A-6.3(a)	Is the ground water monitoring system capable of yielding ground water samples for analysis?			
	If no, please explain.			
7:14A-6.3(a)1	Are monitoring wells installed hydraulically upgradient?			<input checked="" type="checkbox"/>
	If yes, specify how many and the depth of each.			

YES NO N/A

7:14A-6.3(a)2

How many monitoring wells are installed hydraulically downgradient?

—	—	✓
---	---	---

If yes, specify how many and the depth of each.

7:14A-6.4(a)

Does the owner/operator have a ground water sampling and analysis plan?

—	—	—
---	---	---

If no, please explain.

7:14A-6.4(a)

Does the plan include procedures and techniques for:

1. Sample Collection
2. Sample Preservation and Shipment
3. Analytical Procedures
4. Chain of Custody

—	—	—
—	—	—
—	—	—
—	—	—

List the types and quantities of hazardous waste incinerated.

7:26-9.4(b)3

Did the owner or operator submit the waste analysis plan to the Department?

—	—	✓
---	---	---

If yes, when was the plan submitted?

[Lined area for handwritten text]

SUBJECT:

FROM:

TO:

DATE:

CONFIDENTIAL - RECOMMENDATIONS

FILE #: _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: _____

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: PROPANE POWER CORPORATION

EPA ID NUMBER: none CASE NUMBER: _____

STREET ADDRESS: 915 Delancey Street

MUNICIPALITY: Newark COUNTY: ESSEX

MAILING ADDRESS: same
(if different)

BILLING ADDRESS: same
(if different)

TELEPHONE # 201-843-8300 FAX # not obtained

BLOCK : not obtained LOT : not obtained

FACILITY PERSONNEL; PATRICIA SHERIDAN
(name & title) Director of Operations

INSPECTION DATE: 6/17/93

INSPECTOR'S NAME & TITLE: Aaron Frank CDM FEDERAL
PROGRAMS CORPORATION (EPA Contractor)

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Aaron Frank

REVIEWED BY: _____ DATE OF REVIEW: _____
DFWE 29 REV. 1/12/93

INSPECTION DATE(S): 6/17/93 _____
TIME IN: 1032 _____
TIME OUT: 1145 _____

PHOTOS TAKEN: YES (____) NO (☒) QUANTITY (____) ATTACH
PHOTO LOG

SAMPLES TAKEN: YES (____) NO (☒) HOW MANY (____) ATTACH
SAMPLE LOG

SITE BACKGROUND INFORMATION

EMPLOYEES: 29 SHIFTS/WEEK: 1
DATE OPERATIONS BEGUN: 1/92 SIC CODE: 4920
ACRES: 2.75 # OF BUILDINGS/SQFT: 2 / 1800 ft² (total)
PRODUCTS PRODUCED: Store in bulk tanks and sell propane

PREVIOUS OPERATIONS AT SITE: prior to 1983, tank farm
owned by Texaco. ^{AF} ~~Plaza~~ bar Texaco burned
down in 1983

WATER SUPPLY- PUBLIC: City of Newark PRIVATE WELL: none

SOLID WASTE DISPOSAL: Classroom Sanitation

FLOOR DRAINS: No floor drains in work area

DRAINS CONNECTED TO- POTW: none SEPTIC SYSTEM: none

MONITORING WELLS: none

NON-HW. TANKS ON SITE : 5 - 60,000 gal (propane); 1 - 30,000 gal (propane);
1 - 250 gal (used motor oil).

AIR PERMITS: none

NJPDES PERMITS: none

OTHER PERMITS: City of Newark Hazardous Materials - H2MP163 (3/90-3/95)
N.J. Dept. of Labor and Industry (for operation of propane facility)
92-93

Figure Four shows a propane gas terminal at this facility. The propane is stored onsite in five 60,000 gal and one 39,000 gal above ground tanks. Approximately 90% of the propane is loaded into forklift cylinders. The remaining 10% product is loaded into tanks such as Bar-B-Q tanks, and construction-site-heating units.

The facility operates a loading rack, that is roofed, to dispense the propane into customers' cylinders. Also, two bulk tanks are operated by the facility. The tanks are operated to deliver propane to customers.

add additional pages as needed

add additional pages as needed

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

<u>#</u>	<u>SECTION</u>	<u>PAGE</u>	
1.	WASTE DETERMINATION	7.	<u>✓</u>
2.	GENERATOR STATUS	8.	<u>✓</u>
3.	SATELLITE STORAGE AREAS	9.	<u> </u>
4.	< 90 DAY CONTAINER STORAGE AREAS	10.	<u> </u>
5.	WASTE OIL USEAGE	12.	<u>✓</u>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	13.	<u> </u>
7.	WASTE MANAGEMENT PRACTICES	14.	<u> </u>
8.	GENERATOR MANIFESTS	15.	<u> </u>
9.	EXPORTING HAZARDOUS WASTE	17.	<u> </u>
10.	CONTINGENCY PLAN & EMERGENCY PROCEDURES	18.	<u> </u>
11.	PERSONNEL TRAINING	20.	<u> </u>
12.	PREPAREDNESS & PREVENTION	22.	<u> </u>
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	24.	<u> </u>

~~WA~~
AF
6/17/93

PAGE 7

SECTION 1.

WASTE DETERMINATION:

	YES	NO
<u>DOES</u> the facility generate "solid waste".	<u>✓</u>	<u> </u>
<u>DOES</u> the facility generate a "hazardous waste".	<u>✓</u>	<u> </u>
IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?	<u>✓</u>	<u> </u>

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine if its "solid waste" is hazardous?

7.4(x) Generator FAILED to properly classify its waste according to the "Hierarchy".

COMMENTS

Hazardous waste generated is NOT regulated K721.
≤ 1001 gallons/month generated.

GENERATOR STATUS

7.4(a)1 The Generator failed to have an EPA ID number.

COMMENTS

NA

SECTION 3.

SATELLITE ACCUMULATION AREAS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE SATELLITE ACCUMULATION REGULATIONS?	_____	_____
IF NO, CHECK THE ITEMS OF NON COMPLIANCE.		

9.3(d)1 Quantity of waste <u>EXCEEDS</u> 55 gal.or 1 qt. of acutely hazardous waste.	_____	_____
9.3(d)2 Containers <u>FAIL</u> to:		
Meet the standards of 7.2 (Container Requirements).	_____	_____
Poor or leaking container.	_____	_____
Container made of incompatable material.	_____	_____
Container not kept securely closed.	_____	_____
9.3(d)3 Accumulation area is:		
<u>NOT</u> at or near a point of generation.	_____	_____
<u>NOT</u> under the control of the operator.	_____	_____
9.3(d)4 Containers are <u>NOT</u> marked "Hazardous waste".	_____	_____
9.3(d)5 Containers <u>NOT</u> marked with date when filled.	_____	_____
9.3(d)6 Containers were <u>NOT</u> moved from satellite area within three days.	_____	_____

COMENTS

NA

SECTION 4.

GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
GENERATOR STORAGE REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- | | | |
|-------------|--|-------|
| 7.2(a) | <u>NO</u> manifest number on containers ready for disposal. | _____ |
| 7.2(b) | Containers <u>FAILED</u> to meet DOT regulations. (49CFR 171,179) | _____ |
| 9.3(a)1 | Waste <u>ACCUMULATED</u> OVER 90 DAYS. | _____ |
| 9.3(a)3 | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste". | _____ |
| 9.4(d)1i | Containers <u>NOT</u> of adequate construction. | _____ |
| 9.4(d)1ii | Closures <u>NOT</u> of sufficient strength. | _____ |
| 9.4(d)2 | Containers <u>NOT</u> in good condition. | _____ |
| 9.4(d)3 | Containers <u>NOT</u> compatible with waste. | _____ |
| 9.4(d)4i | Containers <u>NOT</u> kept closed. | _____ |
| 9.4(d)4iii | Containers <u>NOT</u> properly handled. | _____ |
| 9.4(d)4iv | Hazardous wastes <u>NOT</u> segregated. | _____ |
| 9.4(d)4v | ID Labels <u>NOT</u> visible. | _____ |
| 9.4(d)4vi | Cleaning of empty containers does <u>NOT</u> take place in a designated area. | _____ |
| 9.4(d)4vii | Rinse waters <u>NOT</u> handled properly. | _____ |
| 9.4(d)4viii | Container reuse <u>NOT</u> in compliance with DOT regulations. | _____ |
| 9.4(d)5 | The storage area is <u>NOT</u> inspected. | _____ |
| 9.4(d)6 | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | _____ |

9.6(d) Access to communication or alarm system is NOT maintained.

9.6(e) INADEQUATE aisle space.

COMMENTS :

DFWE 29
REV 01/12/93

SECTION 5

WASTE OIL

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE
WASTE OIL STORAGE REGULATIONS?

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts
and retain them for three years.

9.2(b) If under ground tanks are used to
store waste oil, the generator
is NOT a:

1. New commercial service
station waste oil tanks
of <1001 gal capacity*

or does NOT:

2. Use underground tanks in
existence and in use for
Hazardous Waste storage
prior to 1/17/83.

NOTE: If the generator generates over 100 kg of
hazardous waste and any listed waste oil or
generates/stores >1001* gal of waste oil in
any given month MUST be in compliance with
ALL generator requirements.

COMMENTS:

NA

SECTION 6.

ABOVE GROUND TANKS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE ABOVE GROUND <90 DAY STORAGE TANK REGULATIONS?	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground
tank for <90 days, the generator FAILED to:

- | | | |
|---------|--|-------|
| 9.3(b) | Have a letter of approval? | _____ |
| 9.3(b)2 | Have overfilling controls? | _____ |
| 9.3(b)3 | Have secondary containment? | _____ |
| 9.3(b)4 | Insure that 99% of the tank can be
emptied? | _____ |
| 9.3(b)5 | Empty the tank every 90 days? | _____ |
| 9.3(b)6 | Remove all wastes from the tank(s)? | _____ |
| 9.3(b)8 | If part of the tank is below grade, all
of the tank cannot be visually inspected. | _____ |
| 9.3(b)9 | The tank is <u>not</u> labeled with the
words "HAZARDOUS WASTE". | _____ |

COMMENTS

NA

SECTION 7.

WASTE MANAGEMENT

IS THE FACILITY IN COMPLIANCE WITH THE WASTE MANAGEMENT REGULATIONS?	YES	NO
	___	___

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 12.1(a) Generator IS ACTING as a TSDF by:
- 1. Treating hazardous waste. _____
 - 2. Storing hazardous waste. _____
 - 3. Disposing of hazardous waste on
site? _____
- 9.3(a)1 Site IS ACTING as a generator but
accumulating waste in containers or
approved tanks for more than 90 days. _____
- 9.2(a)2 Hazardous waste IS handled in a manner
which causes or may cause a spill. _____
- N.J.S.A. 58:10-23.11(c)
Discharge of a hazardous substance. _____
- N.J.S.A. 58:10-23.11(e)
Failure to report the discharge. _____

IF THE FACILITY IS ACTING AS A TSDF, COMPLETE THE TSD
REPORT.

COMMENTS:

NA

SECTION 8.

GENERATOR MANIFESTS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
MANIFEST REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

-
- | | | |
|------------|--|-------|
| 7.4(a)3 | Generator <u>FAILED</u> to prepare
a Hazardous Waste Manifest. | _____ |
| 7.4(a)4 | Each manifest <u>failed</u> to have the
following information: | |
| 7.4(a)4i | Generator's name, mailing address
(site address if different), and
phone number. | _____ |
| 7.4(a)4ii | The generator's EPA ID number. | _____ |
| 7.4(a)4iii | The transporter(s) name, phone
number, NJ registration and
decal numbers. | _____ |
| 7.4(a)4iv | The transporter(s) EPA ID number. | _____ |
| 7.4(a)4v | The name, address and phone number
of the designated TSD facility. | _____ |
| 7.4(a)4vi | The TSDF's EPA ID number. | _____ |
| 7.4(a)4vii | The proper USDOT description. | _____ |

OR

- | | | |
|-------------|--|-------|
| | Complete NOS information in item J. | _____ |
| 7.4(a)4viii | Special handling instructions. | _____ |
| 7.4(a)5i | The generator signature and date. | _____ |
| 7.4(a)5ii | Transporter's signature & date. | _____ |
| 7.4(a)5iii | Generator <u>FAILED</u> to retain copy
and forward copies to the state
of origin & state of destination. | _____ |
| 7.4(a)5v | Generator <u>FAILED</u> to give the
remaining copies to hauler. | _____ |

SECTION 9.

HAZARDOUS WASTES EXPORTATION

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT
REQUIREMENTS OF THE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

- 7.4(b) Notify the EPA of its intent to export. _____
Obtain acknowledgement of consent
from the receiving country. _____
- 7.4(c) Provide the information required in
N.J.A.C. 7:26-7.4 ET. SEQ.to the EPA. _____
- 7.4(c)7 Insure that the acknowledgement is
attached to each manifest. _____
- 7.4(c)8 Deliver a copy of the Manifest to
Customs at the point of departure? _____
- 7.4(g)4 Submit an annual report to the EPA? _____

COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION 10.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY
PLAN & EMERGENCY PROCEDURES REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.7(a) NO contingency plan. _____
- 9.7(b) Generator FAILED to impliment the plan in an emergency. _____
- 9.7(c) Plan FAILED to describe the response actions facility personnel and local authorities shall take. _____
- 9.7(d) Generator FAILED to prepare a Spill Prevention, Control, and Counter-measures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Counter-measure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq. _____

NOTE: DPCC: A schedule of regulated storage volumes and their effective dates can be found in N.J.A.C. 7:1E-4.6(b).

SPCC: Storage of any kind of oil and most oil products including gasoline and fuel oils If:

1. >660 gal single tank
2. >1,320 gal multiple tanks
3. >42,000 gal underground storage.

- 9.7(d) Generator has a DPCC or SPCC plan, and FAILED to amend that plan to incorporate hazardous waste management. _____
- 9.7(e) Plan FAILS to describe arrangements agreed to by local authorities. _____
- 9.7(f) Plan FAILS to list names, addresses, and phone numbers (office and home) of emergency coordinators. _____

- 9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. _____
- 9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. _____
- 9.7(i) Generator FAILED to:
1. Keep a copy of the plan at the facility. _____
 2. Submit the contingency plan to local authorities. _____
- 9.7(j) Generator FAILED to revise the contingency plan when:
1. Applicable regulations are revised. _____
 2. The plan fails. _____
 3. The facility changes. _____
 4. The Emergency Coordinator changes. _____
 5. The emergency equipment changes. _____
- 9.7(k) Emergency coordinator NOT available. _____

COMMENTS

NA

SECTION 11.

PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE PERSONNEL TRAINING REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- 9.4(g)2 Training program NOT directed by a person trained in hazardous waste management procedures and, is it NOT designed to ensure that facility personnel are able to respond effectively. _____
- 9.4(g)3 Program FAILS to include the following response procedures:
- 9.4(g)3i Use of personnel safety equipment. _____
- 9.4(g)3ii Procedures for using facility emergency and monitoring equipment. _____
- 9.4(g)3iii Key parameters for automatic waste feed cut-off systems. _____
- 9.4(g)3iv Procedures for utilizing communications or alarm systems. _____
- 9.4(g)3v Responds procedures for fires & explosions. _____
- 9.4(g)3vi Ground water contamination responds procedures. _____
- 9.4(g)3vii Shutdown procedures. _____
- 9.4(g)4 Personnel have NOT successfully completed training within six months of the date of their employment or assignment to a new position at the facility. _____
- 9.4(g)5 Personnel do NOT take part in an annual review of training. _____
- 9.4(g)6 NO written documentation of the following:
- 9.4(g)6i Job title for each position and the name of the employee filling each job. _____

94(9)6ii	A written job description.	_____
9.4(g)6iii	Description of the training given to personnel.	_____
9.4(g)6iv	Documentation of actual training.	_____
9.4(g)7	Training records are <u>NOT</u> kept.	_____
9.4(g)8	Semi-annual drills, involving all employees and local authorities are <u>NOT</u> conducted.	_____

AND,

9.4(g)8i Generator FAILED to petition the Department for an exemption from the drill requirement.

OR

9.4(g)8ii Generator FAILED to petition the Department for an exemption excluding local officials. _____

COMMENTS

[illegible]

SECTION 12.

PREPAREDNESS AND PREVENTION

IS THE FACILITY IN COMPLIANCE WITH THE
PREPAREDNESS & PREVENTION REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.6(b) Facility FAILS to have:

9.6(b)1 Communications or alarm system. _____

9.6(b)2 A telephone or device to summon
emergency assistance.

9.6(b)3 Portable emergency equipment. _____

9.6(b)4 Adequate Water supply. _____

9.6(c) Generator FAILED to test and maintain emergency equipment.

9.6(f) Generator FAILED to:

9.6(f)1 Familiarize Police, fire departments, and emergency response teams with the layout of the facility, & hazardous waste handled.

9.6(f)2 Have an agreement designating primary emergency authority to a specific police and fire department where more than one Police and fire department are involved.

9.6(f)3 Make agreements with emergency response contractors, and equipment supplier.

9.6(f)4 Make arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries result from fires, explosions, or discharges at the facility.

9.6(f)5 Make arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually.

COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

NA

SECTION 13.

WASTE WATER TREATMENT PLANT SLUDGE

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE WWTP
REQUIREMENTS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the answer is YES to any of the questions listed below,
the sludge drying unit is subject to Hazardous Waste
Facility permit requirements and must be regulated as a
Miscellaneous Unit pursuant to N.J.A.C. 7:26-10.9 et seq.
The generator is operating as an illegal TSDF and SHOULD
BE CITED for being in violation of
N.J.A.C. 7:26-12.1(A).

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER
7:14A-4.3

The drying unit is NOT part of a waste water
treatment facility which is subject to
regulation under Section 402 or Section 307(b)
of the federal Clean Water Act. _____

Note: In order to be considered "part of" the facility,
the dryer need not be physically connected to the
W.W.T. facility, but must be located at the same
site.

The drying unit does NOT treat a sludge which
is generated on-site by the wastewater treatment
facility. _____

The sludge is NOT to be treated as a regulated
hazardous waste as defined at N.J.A.C. 7:26-8. _____

The drying unit does NOT meet the definition of
a "tank" at N.J.A.C. 7:14A-4.3. _____

Note: "Tank" means a stationary device designed to
contain an accumulation of hazardous waste and
constructed of non-earthen materials which provide
the structural strength to totally contain the
waste. Dryers that are integrally equipped with
feed or discharge hoppers for treatment of sludge
in bulk satisfy the definition of "tank". Others
not so designed may still be considered tanks on a
case-by-case bases.

3. THERMAL INPUT LIMITATION:

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

COMMENTS:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: PROPANE POWER CORPORATION
Facility Address: 915 Delancey Street
Newark, NJ 07105
Facility ID No.: none - non generator
Inspector's Name: Aaron Frantz - CDM Federal Programs Corp.
Inspector's Phone: 215-293-0450 Division/Branch: EPA Contractor
Date of Inspection: June 17, 1993

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

ATTACHMENT A - FOLLOW-UP QUESTIONS**RCRA**

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? _____ YES ☒ NO
 If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:
 - B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____
 [If the facility cannot produce an ID Number, *REFER*.]
2. A. Are there containers or tanks which hold hazardous waste? _____ YES _____ NO
 If NO, go to Question # 3. If YES, continue:
 - B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? _____ YES _____ NO*
 - C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? _____ YES _____ NO*
 - D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? _____ YES* _____ NO
3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? _____ YES* _____ NO
4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? _____ YES* _____ NO
5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? _____ YES* _____ NO
6. Does the facility maintain copies of hazardous waste manifests on-site? _____ YES _____ NO*

RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment? ___YES* ___NO
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? ___YES* ___NO
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)? ___YES* ___NO

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle? (E.g., treatment sludges, ash, solvents, waste oils, etc.)

** Facility generates waste motor oil from engines of trucks.*

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

Motor oil drained from crankcase for periodic maintenance.

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage? ___YES* ___NO

** Motor oil, New Jersey regulated X724, is transported off site for disposal. Receipts maintained at facility documenting disposal.*

REFER to program office if you check an answer marked with *.

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ☐ YES ☒ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ☐ YES ☐ NO*
3. What kind of petroleum product or hazardous substance does UST contain? _____
4. Is there any evidence of UST leakage/spillage? ☐ YES* ☐ NO
5. When was the UST installed? _____
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☐ YES ☐ NO*
8. Are required records available on-site (e.g., documenting registration and leak detection)? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

AIR **Stationary Source Compliance**

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ___YES* ☒NO
 ["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:
 - A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

 - B. What is the cause of the smoke emission? E.g.--
 - i. Is any air pollution control equipment out of service or turned off while production is ongoing? ___YES ___NO
 - ii. If YES: When will it be back on line? _____
 - iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ___YES ___NO
 - C. Note color of smoke: _____

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ___YES ☒NO
- B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? ___YES ___NO*

4. A. Does the facility have any coating or printing operations? ___YES ☒NO
- B. If YES:
 - ii. Are the coatings or inks used: ___water-based or
___solvent-based?
 - i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? ___YES ___NO*
 - iii. What are the principal solvents or chemical compounds used in process lines? _____
 (Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

AIR, Continued

5. **Observe:** Are there strong solvent odors at the facility? ☐ YES* ☒ NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ☐ YES* ☒ NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ☐ YES* ☒ NO
- B. If YES:
- i. From which process lines? _____
- ii. Does the facility check for leaks on such process equipment? ☐ YES ☐ NO*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ☐ YES ☒ NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
- C. If the amount exceeded 260 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? ☐ YES ☐ NO*

* * * * *

RADIATION**Ask:**

1. Are any radioactive materials used or stored at this facility? ☐ YES ☒ NO
2. If YES, does the facility have a state or federal radiation license? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

WATER**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ___ YES ☒ NO

2. **If yes:** Does the facility discharge wastewater into a--
 - receiving stream? ___ YES ☒ NO
 - municipal sewer (sanitary or storm) system? ___ YES ☒ NO
 - subsurface disposal system (septic system, drywell or cesspool)? ___ YES ☒ NO

As applicable, ascertain the name of the stream or sewer system.

3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ___ YES ☒ NO

4. Does the facility treat wastewater prior to discharge? ___ YES ☒ NO

5. **Observe:**
 - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ___ YES ☒ NO
 - b. Is equipment clean and well maintained? ___ YES ☒ NO
 - c. Are there any unusual odors? ___ YES* ☒ NO

6. **Ask:** Is the effluent currently in compliance with the limitation established in the permit, or the terms of an administrative or judicial compliance order? ___ YES ☒ NO

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued7. **Observe/Ask:**

- a. How are waste fluids disposed of? *No waste fluids*
- b. Does the facility have floor or storm drains? ☐ YES ☒ NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

- c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains?
- ☐ YES* ☐ NO

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., a well)? ☐ YES ☒ NO
2. **If YES:** Does the facility provide potable water for 25 or more persons? ☐ YES ☐ NO
3. **If YES:** Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ☐ YES ☒ NO
 [Threshold planning quantities are established by regulation vary by chemical, and range from 1 lb. to 5000 lbs.]
 - B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☐ YES ☐ NO
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES* ☒ NO
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]
 - B. If YES: Was notification of the release provided? ☐ YES ☐ NO
 - C. If YES:
 - i. To whom was the notification given?
 - ii. Was notification oral or written?
 - iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO
 [If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☒ YES ☐ NO*
 - B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☒ YES ☐ NO*

REFER to program office if you check an answer marked with *.

EPCRA, Continued**TOXIC RELEASE INVENTORY (TRI)****Ask:**

1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO

2. Is the facility classified under SIC codes 20 through 39? ☐ YES ☒ NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☐ YES ☐ NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☐ YES ☐ NO*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? ☐ YES* ☒ NO
- B. IF YES:
 - i. How many oil filled electrical transformers does the facility have?
 - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
 - Are any leaking? ☐ YES* ☐ NO
 - Do all have a PCB label? ☐ YES ☒ NO
5. A. ASK: Does the facility have a PCB storage for disposal area? ☐ YES* ☒ NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
 - PCBs stored for disposal in it? ☐ YES* ☐ NO
 - a roof and walls to keep out rain? ☐ YES ☐ NO
 - a 6" high impervious containment berm? ☐ YES ☐ NO
 - a PCB label? ☐ YES ☐ NO
 - Is it in the 100-year flood plain? ☐ YES* ☐ NO
 - Do all items show the date "removed from service for disposal"? ☐ YES ☐ NO

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. **ASK:** Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]? YES* / NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

* * * * *

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

Ask:

1. A. Does the facility store oil? YES / NO
wash motor oil - AST < 250 gallons
- [Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]
- B. If YES, does the storage capacity exceed --
- i. 660 gallons in any one above-ground tank? YES / NO
- ii. 1320 gallons in all above-ground tanks? YES / NO
- iii. 42,000 gallons in underground tank(s)? YES / NO
2. If the answer to any part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan? YES / NO*
3. Did the facility have an oil spill within the last 12 months? YES* / NO

REFER to program office if you check an answer marked with *.

WETLANDS

1. Observe:

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? YES NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? YES NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? YES NO

3. If YES:

- A. When was the work undertaken? _____

- B. Does the facility have any permits for this work? YES NO*

4. If YES:

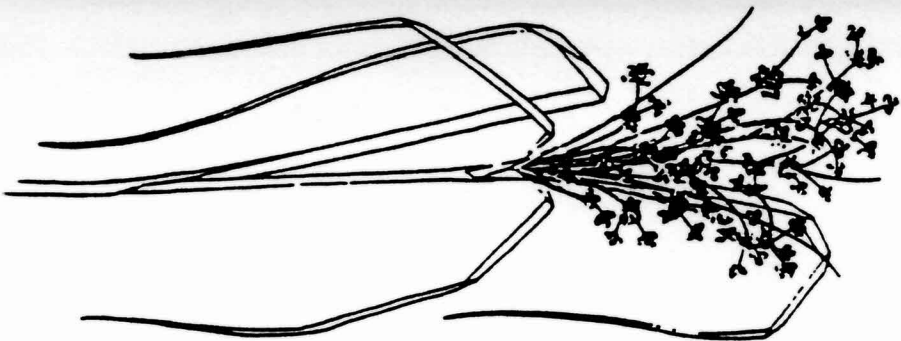
- A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

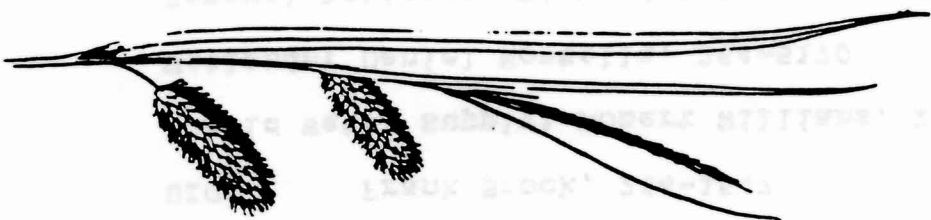
REFER to program office if you check an answer marked with *.

Scirpus cyperinus (L.) S. W. Smith
Wet grass on Wrenly Seale



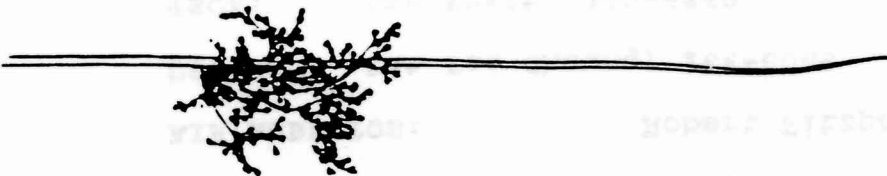
215

Carex fluitans Wahlenb
Sedge



21

Scirpus cyperinus (L.) S. W. Smith
Wet grass on Wrenly Seale



216

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684
Jehuda Menczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrick, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669
Nora Lopez, 340-6890
For Emergency Planning & Community Right-to-Know:
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkie, 340-6658
Bruce Sprague, 340-6656
John Witkowski, 340-6991

Radiation: Paul Giardina, 264-4110
Mindy Pensak, 264-4418
Florie Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.

GENERAL INSTRUCTION
FOR WASTE MINIMIZATION CHECKLIST

I. Legislation and Authority

A. The EPA is given the authority by Congress through the Hazardous and Solid Waste Amendments of 1984 (HSWA) to protect the environment by "minimizing the generation of hazardous waste and the land disposal of hazardous waste by encouraging process substitution, material recovery, properly conducted recycling and reuse, and treatment;" (HSWA, sec.1003(a) (6)). Through this and other legislative actions, Congress has made clear it's intention that the reduction of hazardous waste is far more desirable than the safe disposal of hazardous waste.

B. HSWA sets forth two basic requirements for generators and treatment, storage and disposal facilities (TSDFs). They are:

1. that hazardous waste generators submit waste minimization reports as part of the biennial reports (3002 (a) (6),

2. that generators certify on the manifest that they have a waste reduction program in place (3005 (h))

II. Pre-inspection procedures:

Review any company documents regarding waste minimization activities conducted by the handlers to be inspected. (PAB files/ permit files if TSD). This should include records of the annual reports (AR) submitted to the states, or the biennial reports submitted to EPA. The AR/BER contain a description of the efforts taken during the year to reduce the toxicity and volume of waste generated, as well as the actual reductions achieved.

Waste Minimization Checklist

GENERATOR CHECKLIST

=====

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal?

— — —

If yes, proceed to next question. If no, proceed to 264.75/265.75.

262.23

Does the generator sign the manifest certification which states;

— — —

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

— — —

If no, ask the generator to describe his plan orally.

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

ANNUAL /BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR)
or Biennial reports (BER) to the
appropriate regulatory agency?

___ ___ /

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56 (5)

Does the BER or AR include the efforts
undertaken during the year to reduce
the volume of toxicity of the wastes
generated?

___ ___ /

Does the BER or AR include a description of
the changes in volume and toxicity of
the wastes actually achieved during the
year in comparison to previous years?

___ ___ /

Do these efforts match the information
contained in the generator's written
or verbally described waste minimization
program.

--- --- /

Is the BER or AR certification signed by
the generator or authorized
representatives?

___ ___ /

TSDF CHECKLIST

The inspector should review a copy of the AR/BER prior to the inspection, and should try to verify the information in the report during his inspection. The following question should be addressed during the inspection.

Does the AR/BER include the efforts undertaken during the year to reduce the volume of toxicity of the waste generated?	YES	NO	N/A
	---	---	---
Does the AR/BER include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?	---	---	---
Do these efforts match the information contained in the generator's written or verbally described waste minimization program.			
Is the AR/BER certification signed by the generator or authorized representatives?	---	---	---
264.75/265/75 (h-j)			
Does the generator treat, store and dispose hazardous waste on site?	---	---	---
If yes to the above question, does the generator submit BERs or ARs to the appropriate regulatory agency?	---	---	---